

Of bloody mucus: *Merc. jod.*, *Pulsat.*, *Silic.*, *Cic. vir.*

Of serum, thin and watery: *Arsen.*, *Elaps*, *Sepia*, *Chamom.*

Discharge ichorous: *Arsen.*, *Amm. carb.*, *Sepia.*

Discharge offensive: *Arsen.*, *Kreosot.*, *Cist. can.*, *Carb. veg.*, *Aurum*, *Sepia*, *Hepar s. c.*, *Bovist.*, *Zincum*, *Thuya.*

Thuya specially indicated where the discharge smells like putrid meat.

Purulent discharges, with eczema or enlarged glands: *Mercur.*, *Hepar s. c.*, *Calc. carb.*, *Sulphur*, *Lycop.*

When produced by over-doses of mercury: *Hepar s. c.*, *Aurum*, *Nitr. ac.*, *Asaf.*, *Sulphur*, *Silic.*

When produced by over-doses of sulphur: *Pulsat.*, *Mercur.*

In threatened caries: *Silic.*, *Sulphur*, *Aurum*, *Natr. mur.*

As sequelæ of other diseases: *Carb. veg.*, *Pulsat.*

After measles especially: *Colchic.* (J. G. Gilchrist, M. I., v. 10, p. 649.)

Diseases of the Inner Ear. They may be divided into three classes: first, Menière's disease; second, affections of the labyrinth; and third, nervous affections.

First. *Menière's disease* is called after Menière, who described it first in 1861. It is an apoplectiform affection of the labyrinth. Suddenly, without any apparent cause, the patient is taken with vertigo, whizzing in the ears, nausea, vomiting and (at times) fainting; in some cases it is attended with manège-motion. Vertigo and humming in the ears continue, and there is either total loss or great diminution of hearing either in one or both ears. A repetition of these attacks causes at last total deafness. Post-mortem examination showed lesions in the semi-circular canals and in one case in the cochlea.

Second. *Affections of the labyrinth* have often the appearance of meningitis, or are combined with meningitis especially in children; are found also as complications of exanthematic fevers, of typhus and puerperal fevers. In such cases the disease of the labyrinth does not manifest any special symptoms by which it might be recognized. The prognosis is very unfavorable; therapeutics ineffectual.

Third. *Nervous affections.* Impaired hearing, in consequence of injury to the labyrinth and diseased states of the nervus acousticus may be caused by exostoses arising in the vestibule, or by pathological changes of the membranes, such as hyperæmia, hypertrophy, atrophy, abnormal pigmentation of the lamina spiralis cochleæ, cal-

careous deposits, increase or diminution of the otoliths, amyloid degeneration of the nervus acousticus sarcoma. The diagnosis is only a sure one in case of total deafness, and if, upon the application of a galvanic current, there follow contractions of the muscles, but no auditory sensation; there is also no conduction through the skull-bones, while in affections of the tympanum such conduction is even increased. (Med. Rdsch.; J. Pr., 1873, p. 215.)

Cannot bear ordinary conversation since she had scarlet fever; otorrhœa; one tympanum thickened, the other congested. Flashes and heat on vertex. *Sulphur*^{81m}. *Itching of ears*, liquid wax. *Hepar*^{55m} one dose, cured. (M. M. Walker, Proc. H. M. S., Penna., 1873.)

Hard of hearing after scarlet fever; removed excess of ear wax, found one tympanum congested, the other cicatrized. *Sulphur*^{6m}, then 81^m; itching of ears, green discharge, *Merc. viv.*^{6m}, no better, *Sulphur*^{81m}. Itching worse than ever. *Hepar*^{55m}, cured. (M. M. Walker, Proc. H. M. S., Penna., 1873.)

Nose.

Coryza. Therapeutics of. *Camphor.* is an old and valuable remedy for coryza. Fluent coryza with chilliness is the best indication. The 1st cent. trit., one grain hourly, will do all that can be expected; but there are persons who are promptly relieved by the 200th. These are generally thin, sallow, nervous, sensitive people, with cold hands and feet.

Acon. will sometimes arrest it if resorted to on appearance of the first symptoms.

Arsen. is the best remedy for a watery, acrid, excoriating discharge, with thirst, burning sensations about the nose, eyes, and throat, and sense of prostration. The 200th is my favorite form, except in the case of some old persons, in whom I have found the 3d cent. trit. more efficacious.

*Euphras.*³ and *All. cep.*³ like *Arsen.*, are good remedies for a burning acrid discharge. They both have more lachrymation than *Arsent*, and that of *Euphras.* is far more acrid and smarting than that of *Allium*. The latter has a peculiarly violent laryngeal cough as an accompaniment.

*Kali hydr.*³ has the same nasal and lachrymal discharges, with more swelling and redness of the nose, and œdema of the eyelids.

*Kali cyan.*³ dec. trit., has, in my hands, proved exceedingly valuable for severe coryza of the arsenic type.

*Natr. mur.*³ dec. trit., is also very serviceable in extremely excoriating discharges in cachectic subjects.

Nux vom. is the great remedy for dry coryza, with stoppage of the nose, headache on coughing, and for alternating dry and fluent states of the mucous membrane. The 3d and 200th are equally efficacious.

*Asar.*³ is indicated in fluent coryza with deafness, and sensation as if the ears were plugged with something.

*Cyclam.*³, when there is a great deal of sneezing with rheumatic pains in the ears and head. *Laches.*⁶ or 30th has also frequently rendered me good service when the sneezing was excessive. Jousset recommends *Kali chlor.*⁶ in catarrh with violent sneezing, in gouty and hemorrhoidal patients. When the cold passes into the second stage with thicker and less irritating discharges, *Merc. sol.* or *Merc. viv.*³ cent. trit. is the proper remedy. *Pulsat.*³ if the case proves obstinate, with loss of smell, and profuse yellowish or greenish discharge. *Kali bichr.*³ or 6th, if there is any tenacious mucus, with sore or ulcerated spots on the mucous membrane.

There is a form of coryza attended with excruciating pain in the forehead and face, from extension of the inflammation to the frontal and maxillary sinuses. *Mezer.*³, *Spigel.*³ and *Iris ver.*³, are likely to prove serviceable in such cases, but the pain is sometimes so insufferable that we are compelled to resort to palliatives. Chloroform is unquestionably the best, and seems to exert some curative power over the disease independently of its anodyne effects. It may be slowly and repeatedly inhaled through the nostrils to the point of stupefaction, but not unconsciousness. If chloroform cannot be tolerated, or is ineffectual, inhalations of the warm vapor of the oil of juniper, made by dropping a little of the oil into boiling water, are frequently followed by surprising relief. And lastly, if necessary, a glycerole of *Morphine*, two grs. to a drachm, may be painted with a camel's hair brush upon the nasal mucous membrane as far as it can be inserted.

In coryza of the new born babe, the occluded nasal passages must be frequently syringed out with tepid alum water, or glycerine and water. *Sambuc.*³⁰ and *Arsen.*^{2c}, I have found the best remedies.

In all profuse catarrhs, constrained abstinence from liquids is a valuable adjunct. *Sulphur*, *Hepar s. c.*, *Graphit.* and *Silic.* are

the constitutional or antipsoric remedies to be studied for the removal of an extreme susceptibility to catarrhal attacks. *Laches.* has some power in the same direction. (W. H. Holcombe, U. S. M. and S. J., v. 8, p. 178.)

Catarrhus Aestivus, or Hay Fever. The treatment of hay fever has been spoken of by some authors as being, in their hands, very successful. I regret to say that in my hands it has been unsuccessful; nor have I ever met with a case in which I could feel sure that the administration of remedies had really produced a cure. It is true, many cases are given by authors where the use of certain remedies seemed to be followed by an improvement, or by the cessation of the symptoms, but in most cases, I am convinced, that the cure was due to the patient's removal beyond the reach of the cause, or to the general diminution in the quantity of the latter. In the early part of my yearly attacks I have frequently made the same mistake, and, with the light that the experiments described in the preceding pages have thrown upon the natural history of the disease, one cannot help feeling somewhat humbled by the recollection of the ready manner in which we are sometimes led to adopt *post hoc ergo propter hoc* conclusions.

For some years after I first began to suffer from hay fever, I tried a great number of remedies; amongst these were baths in various forms—the vapour bath, the hot-air bath, as well as the plunge and shower bath—but none of these seemed to be of the slightest use; and, as far as I can now remember, I was using the plunge bath regularly at the time the disorder first came on. I also used a variety of remedies in the shape of drugs. These were used in various doses; some of them even when taken in very small doses, produced effects which made me glad to put up with the annoyance occasioned by the yearly recurrence of the disorder. *Quinine* was a medicine of this sort, as were also, to a slight extent, *Arsen.* and *Nux vom.* But no drug that I have ever tried, either upon myself or others, has seemed to be productive of any permanent benefit; the only thing I have succeeded in doing with drugs has been to palliate, and then always by local application; such as, for instance, the application of an ointment of extract of *Bellad.* or of *Opium* to the mucous membrane of the nares. My experience of these remedies is such, however, that I do not recommend them to be used if the patient can possibly get along without them. There are, however, times, in the course of a season, when the patient will be glad to purchase temporary relief at any rea-

sonable cost in the way of a little inconvenience caused by the use of drugs, and it is under such circumstances that their use is justifiable.

After my experiments commenced, no treatment, except such as was merely palliative, was used. It will readily be understood that in following out the investigation this was a matter of necessity; to have attempted to try the action of the remedies at the same time that I was endeavoring to get a knowledge of the nature of the cause might have rendered the later completely abortive: thus I found myself obliged to abandon either the one or the other for a time. I therefore elected to pursue the inquiry into the causes and nature of the disorder, and to leave the attempt to discover a remedy to the time when we should have a full knowledge of these. I am at the present time engaged in experiments on the action of various agents, and hope to be successful in my search for an effectual remedy for the disorder; but as I do not know how long these may occupy me, I have preferred giving the results of my investigations as far as they have gone, rather than wait for a time which may possibly be somewhat distant.

But although treatment by the administration of drugs has been so far of very little use, there is a possibility of alleviating the disease by a suitable change of locality, and by this means lessening the suffering. A sojourn at the sea-side is one of the best modes of palliating and often of curing the disease for the time; but it is not every sea-side district that gives the hay-fever patient relief. Any place which, though it may be on the sea coast, partakes of the character of a bay which is deeply indented into the mainland is not favorable for the prevention of hay-fever, especially if this bay is surrounded by land which is largely used for the growth of hay-grass. But the more any sea-side place has the form and character of a small island or a narrow peninsula, and the wider is the sea which surrounds either of these, the more completely will it protect the patient from attacks of hay-fever. For this reason a cruise in a yacht, which can keep well out to sea, is one of the best remedies that can be adopted; and failing this a sojourn on a small island in the open ocean is the best that can be found on land.

But wherever a patient may be, at the sea-side, if the wind is blowing direct from the land, and if hay-grass is in flower at the time, he will be liable to have an attack of hay-fever. It is, therefore, a matter of importance in selecting a retreat for the hay-season to

find one where the prevailing winds are from the sea. It is also better to choose a place where the patient can be continually near the water, and if possible a place where the shore is backed with high cliffs, because these act as a sort of screen when a land wind is blowing.

I am told by Americans with whom I have conversed, that the place which enjoys the greatest reputation as a place of resort for hay-fever patients in America is Fire Island.

For those who cannot go to the sea-side the next best thing is to go to the centre of a large town—the larger the better, and as far as hay-fever is concerned, the more densely populated it is the better it is for the patient. If he suffers from the asthmatic form of the complaint, though a sojourn in the centre of a large town may not be a complete protection, it will generally afford great relief, and if he can keep within doors in the middle part of the day, he will suffer less than if the time is spent principally in the open air; and even in the country if the middle of the day is passed in the house the patient will suffer a great deal less than he will in the open air. High mountain lands which are used only for grazing purposes will also be good for hay-fever patients, but these are not always as much to be depended upon as a well-chosen sea-side residence is. Some parts of the Highlands of Scotland, as well as some of the mountainous districts in Wales, would be found to answer pretty well.

I have now completed the task I set myself when I commenced my investigations on the causes and nature of hay-fever. Upon the result of the inquiry the reader can now form his own opinion. To my own mind the investigation has furnished conclusive evidence that, in this country, the exciting cause of the malady, as it occurs in summer, is the pollen of the grasses and the cereals; and also of the fact that, if a patient can, at the time these are in flower, avoid the neighborhood where they are grown, he will to a large extent escape the attacks.

I am, as I have before intimated, quite aware that other agents may yet be found to produce symptoms not unlike those of hay-fever. Amids the great number of bodies there are with functions similar to those of pollen, it would not be surprising if we should find some that have a similar kind of action; and it is not improbable that among these we may find the exciting causes of some diseases which are far more formidable than hay-fever. To have attempted an inquiry into the nature and mode of action of even a

few of these would, in addition to the work I have done, have made the task too formidable to permit me to have a chance of completing it. I have therefore preferred to keep my attention fixed upon that part of the subject which I felt was fairly within my grasp. I cannot, however, but think, that for those who have the courage to enter this path of investigation, as well as the patience and the perseverance necessary to pursue it steadily, there is a rich harvest of facts waiting to be gathered. (Chas. H. Blackley, B. J. H., 1873, p. 99.)

Epizootic. The symptoms were great languor, loss of appetite, indisposed to exertion, hard, dry, painful cough, the animal holding the head down to the floor when coughing, turning it to the left, and groaning as if in pain; fluent coryza, sneezing, accelerated respiration. As the disease advanced swelling of sub-maxillary glands more abundant, thick, yellow discharge from nares when a *paroxysm of coughing* was brought on by *drinking*; the case was cured by *Amm. mur.*³⁰. When cough was excited by *descending* (*going down hill*), *Lycop.*³⁰ cured the case. (Wm. E. Payne, H. M., Feb., 1873, p. 302.)

The Epizootic. A slight hacking cough, general languor, watering of the eyes, watery discharge from the nostrils, gradually changing to a thick green and yellow color, and lastly a glairy white. The glands of the neck enlarged and tender. *Merc. viv.*, 3d trit., given three or four times a day, and *Bellad.* and *Tart. em.*, were prescribed with benefit. The horse disease had scarcely disappeared when a similar one attacked people. This influenza proved much more obstinate than ordinary colds. *Mercur.*, *Bellad.* and *Tart. em.* were the most useful remedies. (Bowman, H. M., Aug., 1873, p. 34.)

The Epizootic is an inflammatory disease affecting all animals but horses principally, and invading the mucous membranes of the nose, larynx, trachea and bronchia. It is an acute equine coryza, corresponding in severity to the progress of the lesion, and subject under mismanagement to various metastases.

The discharges vary from thin transparent mucus, in small quantities, to thick, white, yellow, greenish-yellow, reddish and bloody, with often broad, chunky, and irregular yellow or cheese-like masses. The quantity discharged is often enormous, completely plastering the manger and filling the nostrils. At times the odor is very offensive, though rarely so. The sense of smell is in aggravated cases blunted, at times lost. Cough is usually the first noticeable symptom, dry at first, becoming looser gradually. The animals

frequently shake their heads, lengthen the neck, back, or step up, seemingly to avoid pain before and during a fit of coughing. In light cases the animals eat and drink nearly as usual, but in aggravated ones they refuse food, are disinclined to move, look dejected, grow thin, are often cross; the tongue is hot, coated, yellow or white, and is broad and flabby; the pulse varies from 35 to 60 per minute, respiration hurried, particularly on even slight exertion. The animal perspires easily and coughs worse when working; the urine is scanty, frequently passed, and leaves a strong ammoniacal odor. When bronchitis or pneumonia follow or are complications, the horse frequently stands with his fore feet braced and widely separated; he shows tremor, seems anxious, gets thin, and has dyspnea, with all the ordinary physical signs found in the human subject under similar circumstances.

The prognosis is usually favorable, though there is danger of future bronchial troubles. Mild cases need rest, with a warm, light, dry stable, the mangers, stall and barn kept clean. Blanket well, keep warm; wet the food; remove blanket and walk the animal about occasionally. Treatment:

Acon. The animal shivers, refuses water and food, has horripilation, short and hurried respiration, is uneasy, may have much thirst, pulse quick, not very large but frequent. He has blowing of the nostrils with discharge of thin transparent mucus. Short, dry, harsh cough.

Bellad. The animal lays back its ears, drops its head, looks languid, eyes dull; has a dry, short cough, made worse by pressure on the windpipe; the discharge thick, white, from the nose; worse from motion, and throwing down the head; tongue is white and hot, often rather dry.

Bryon. The animal has much thirst, dry mouth, and tongue; cough is worse in the open air and on exercise; eyes look large, with thick yellow mucus in the inner angles, albuginea congested; cough materially increased on going up hill; cough on drinking or eating, worse at night; the animal shrinks from coughing; in mares there is frequent spirting of urine with the sudden, dry and harsh cough; expectoration is lumpy and thick; yellow urine, hot and red, scanty; sweats easily; dry and rough tracheal râle.

Arsen. Thin, hot, profuse nasal discharge, with great weakness and restlessness; the animal sips water, and is irritable (also *Bryon.*); likes plenty of blankets; *Arsen.* to be consulted in unpromising pulmonary conditions, with tottering, depression and weakness.

All. cep. A profuse, thin, rather excoriating discharge of tears with redness of the eyes, constant winking, rubbing the eyes, dread of light, uneasiness; profuse discharge of thin and milky mucus from the nose; cough with blowing out of much nasal mucus; better in a well-ventilated room; thirst with mitigation of symptoms from drinking.

Euphras. Profuse, smarting lachrymation and photophobia; frequently blows the nose; loose cough with white and thin expectoration; short breathing.

Nux vom. Fluent coryza by day, dry at night; dry, rasping cough, headache, sneezing; indisposition to move; acts as if stiff; constipation; worse in the forenoon.

Mercur. Copious, thin, excoriating discharge; loose cough; nose bleeds; chilliness; worse at night.

Pulsat. Copious, thick, yellow, and sometimes greenish, strong-smelling discharge from nostrils; loss of smell; no thirst; don't like the blankets; worse at night.

Kali bichr. Blows from the nostrils long strings of thick, white or yellow mucus; coughs up the same; right nostril most affected; worse in the morning; suited to sorrel and white horses.

Phosphor. After the prodromic symptoms is very important; the nasal discharge is thick, greenish, heavy, copious, and at times very offensive; the cough is hoarse, dry, hollow, racking, and painful, though at times the animal shows no pain; pressure on the wind-pipe brings on cough, also dust, the odor from strong urine, cold air and exercise; the expectoration is tough, yellow, green, rusty, more abundant in the morning; the animal loses flesh fast, is naturally lean. Particularly useful when the lungs are involved.

Study, also, *Gelsem.*, *Lycop.*, *Stibium*, *Calc. carb.*, *Sambuc.*, *Sepia*, *Sulphur*, *Stannum*. (T. D. Stow, H. M., February, 1873, p. 297.)

Lime. Acts as a prophylactic against the epizootic. (H. V. Miller, H. M., Feb., 1873, p. 339.)

Prot. of merc. A specific for epizootic influenza. (Gardner, H. M., Feb., 1873, p. 339.)

Nasal Catarrh. *Chronic.* Therapeutics of.

*Pulsat.*³ covers a thick yellowish or greenish secretion, long continued, with obtunded smell, gastric disturbance, predominant chilliness and evening aggravations.

*Sepia*⁶ ranks with *Pulsat.*, and follows well after it; it has more inflammatory symptoms about the nose.

*Silic.*³ has more evidence of organic disease—ulcers, scabs, bloody pus, alternating dryness and fluidity, etc.

*Hepar s. c.*³. Annoying occlusion of the nostrils; crusts and scabs; interior of the nose painful and sensitive to air; bad smell; scrofulous constitution.

*Merc. sol.*³. Trickling of mucus back into the pharynx; swelling and excoriation; itching and bleeding of the nose; unpleasant odor not actually fetid. The 1st cent. trit. of the red precipitate is the best form of mercury in the treatment of this disease.

*Graphit.*³ and *Arg. nitr.*⁴ are indicated by organic lesions very similar to those of the last two remedies.

*Fluor. ac.*⁶, recommended by Kafka and others, has rendered me signal service in some bad cases. It is preferable to any of the above named remedies excepting perhaps the mercurial preparations.

*Kali bichr.*³ and *Hydrast.*¹ are decidedly useful in cases when the secretion is very viscid and tenacious. *Hydrast.* has a more profuse secretion than *Kali*.

Phytol., *Iris* and *Sanguin.* deserve to be actually studied.

Kali hydr., *Kali cyan.* and *Kali carb.* are the most suitable of the salts of potash for chronic nasal catarrh. To these may be added *Kali chlor.*, *Kali permangan.*, *Kali ch.* and *Kali ars.*, or Fowler's solution of arsenic.

Calc. carb. and *Sulphur* stand first on the list of antipsoric remedies.

Calcar. is more adapted to persons threatened with phthisis and bronchial affections, while *Sulphur* is more suitable to persons with hepatic disorder, or those abdominal diseases arising from portal congestions. There is a remedy seldom employed, which for this special form of chronic catarrh has been found in several cases much more useful than either of the above; that is *Psorin*. *Psorin*.³⁰, a few doses, followed by *Fluor. ac.*⁶, gave in one very bad case, the most brilliant results.

*Coral.*³, recommended by Petroz for ulceration of the nose, deserves consideration with its congener, *Calc. carb.* In persons of Grauvogl's hydrogenoid constitution, a preliminary course of *Natr. sulph.*³ dec., would doubtless prepare the way for a curative remedy. There is much diversity of opinion as to the efficacy of topical application. The simplest and one of the best injections is common salt or chloride of sodium, a teaspoonful to a pint of